METROPOLITAN INSURANCE CO., N.Y.

A HEALTH CENSUS OF THE
CHILDREN'S NEIGHBORHOOD

A Health Census of Chelsea Neighborhood

14th to 42d Streets
5th Avenue to the Hudson River
New York City

Community Sickness Survey

Conducted by the

METROPOLITAN LIFE INSURANCE COMPANY

and the

CHELSEA NEIGHBORHOOD ASSOCIATION

METROPOLITAN LIFE INSURANCE COMPANY
New York
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CHELSEA HEALTH CENSUS*

Fifth Community Sickness Survey

Health conditions have been for several years the subject of serious consideration in the Chelsea neighborhood, 14th to 42d Streets, 5th Avenue to the Hudson River, New York City. Various public and philanthropic agencies in the district have approached the problem from numerous angles. The Chelsea Neighborhood Association through its health committee, has devoted considerable time and energy to constructive and preventive health measures. This committee of the Neighborhood Association, Dr. E. H. Lewinski-Corwin, Chairman, in the early part of April, 1917, approached the Metropolitan Life Insurance Company with the suggestion that the Company, through its agents in Chelsea, make a health census of the neighborhood, similar to those previously conducted in Rochester, Boston and in other places, so as to establish the basis for a constructive health programme in the future. The Company agreed to undertake the work with the cooperation of the Neighborhood Association, the census to be taken during the two weeks following April 23d.

Local Conditions.

Before entering into the details of the census and its findings, it may be well briefly to touch upon general conditions in the Chelsea neighborhood as related to public health.

Chelsea contains about 180,000 residents. The district presents all the problems of a good-sized city. It contains some desirable residential areas, separated from a considerably larger number of congested poorer sections; its thoroughfares are devoted to offices, small shops and to some of the largest manufacturing plants in the country. Many of the residents

*The census was made under the direction of Dr. Lee K. Frankel, Third Vice-President of the Metropolitan Life Insurance Company, Dr. Louis I. Dublin, Statistician of that Company, and Dr. E. H. Lewinski-Corwin, Chairman of the Health Committee of the Chelsea Neighborhood Association. Mr. Edward H. Pfeiffer, Secretary of the Neighborhood Association, assisted in planning the census and in preparing the report.

are native-born Americans, who have lived in Chelsea for several generations, and hark back to Irish, English or German stock. A large number of Italians, Greeks, French, Spaniards and Poles are also to be found in the district.

Chelsea contains some 125 civic and social agencies—churches, hospitals, day nurseries, schools, milk stations, settlements, libraries, public baths, playgrounds, social clubs and the like—and a Neighborhood Association with over five hundred members, representing the broader mutual interests of residents, business men and property owners. It is one of the oldest sections of the city, rich in historic memories and fine houses of a former period. It has the finest docks in the city, the Pennsylvania Railroad Terminal, Chelsea Park and several smaller recreation spaces, and the well-known London Terrace and Chelsea Cottages.

Yet with all these facilities the district has its serious problems. It had a death rate* in 1915 of 19.28 per 1,000, and an infant mortality rate of 121.4 per 1,000 births. The attention of philanthropic agencies has been for many years chiefly riveted upon the East Side, and it is therefore not to be wondered at that conditions among the West Side poor are often most deplorable. As will be pointed out later, the section needs better and more modern public school buildings, added recreational facilities for young and old and, more especially, improved housing for many of its people.

Chelsea Neighborhood Association.

In 1913 a small group of Chelsea people formed the Chelsea Neighborhood Association "to make Chelsea a better place to live and work in." From modest beginnings the Association has grown to a membership of over five hundred, and the breadth of its scope is indicated by the fact that the Association has standing committees on health, housing, schools, recreation, employment, policing and immigration. The Association is a neighborhood clearing house for Chelsea's agencies and has during the past four years interested itself in nearly every type of problem known to social or civic workers.

*On the basis of a population of about 140,000 people in the New York City Health Department sanitary areas wholly included in Chelsea neighborhood.

The Neighborhood Association's request to the Metropolitan Life Insurance Company for a Chelsea health census met with a hearty response from the Company. Its Third Vice-President, Dr. Lee K. Frankel, and Statistician, Dr. Louis I. Dublin, immediately conferred with the Neighborhood Association to plan the survey. Mr. T. W. Ridgway, Superintendent of the Company's Chelsea district, with his forty agents, on April 23d began taking Chelsea's health census, after the Association had paved the way by a thorough publicity campaign.

Publicity Campaign.

During the week preceding the health census the Neighborhood Association distributed throughout Chelsea 10,000 4-page folders, "Chelsea's Chance." The folder emphasized the fact that the census aimed to multiply the advantages of living in the neighborhood. This was found to be a tactful and effective method of neighborhood advertising. These folders were left directly with families or distributed through churches, libraries, schools, milk stations, clinics and other agencies. The folder briefly urged the neighbors to cooperate by answering all questions to the best of their ability, requested neighbors to report to the Association at any time any health menaces and gave a list of all health agencies in the district, which might be kept for handy reference.

In addition, fifteen Chelsea motion picture theatres ran slides announcing the census to their audiences, the slides being accompanied by an original cartoon drawn by the well-known artist, Hy. Mayer.

A vigorous publicity campaign through the English and foreign language press was also made, and articles appeared in numerous leading magazines and other publications.

Dr. Hermann M. Biggs, New York State Commissioner of Health, issued a statement saying, "I think this admirable plan should be of great value not only to Chelsea, but also to other portions of the city, where Chelsea's example ought to be followed," and Health Commissioner Dr. Haven Emerson of New York City, declared that, "The Department of Health welcomes cooperation of this sort. Only by first ascertaining what are the health conditions in a community can we undertake effective corrective measures."

Clergymen announced the plan for the census to their Chelsea congregations, and Chelsea business concerns told their employees of the undertaking.

Principal Findings of the Census.

The same general methods of inquiry were pursued in taking the Chelsea health census as were followed by the Metropolitan Life Insurance Company in its health enumerations of other representative communities in the United States. The inquiry form contained the usual items to which was added a special housing query to ascertain the number of persons per room.

The completed schedules were sent to the Home Office for the preparation of the necessary statistical tables and these are offered in the following discussion.

In all, 5,983 families were reached by the agents, and in these families the health status of 24,043 persons was ascertained. There were 356 sick persons enumerated, or at a rate of 14.8 per 1,000 registered.

Among 21,700 white persons, 318 were found to be sick or at a rate of 14.7 per 1,000. Colored persons were enumerated in 2,343 instances, among whom there were 38 sick persons, or at a rate of 16.2 per 1,000. Sickness involving disability for work was discovered in 331 cases, or at a rate of 13.8 per 1,000; among the group of white persons, 295 cases involving disability for work were discovered, and among colored persons 36 cases. These correspond to rates of 13.6 and 15.4 per 1,000 respectively.

Extent of Disability.

The number of cases of sickness showing physical disability for work constituted 93.0% of the total registered. Persons bed-fast at home were counted in 73 cases, or 20.5% of the total. Persons sick in hospital were found in 56 cases, or 15.7% of the total cases of sickness. Ambulant cases unable to work were discovered in 202 cases, or 56.7% of the total illnesses registered. Of the latter, 32 were receiving dispensary treatment; this constituted 9.0% of the total cases of sickness. The sicknesses involving no disability to work amounted to only 25 in the entire survey, or 7.0% of the total sickness registered. It must be remembered that the agents were

instructed not to register trivial diseases and injuries, but only such as involved physical disability for work or which were serious enough to be of economic significance.

Sickness by Sex and by Age Period.

The sickness statistics of this Chelsea health census were classified also according to sex and by age periods. Among 11,373 males at all ages, 169 cases of sickness involving disability for work were discovered. This constituted a rate of 14.9 per 1,000 registered. The sickness rate for males was least in the ages under 15 years, 8.3 per 1,000, and highest in the age period 55 and over, 61.1 per 1,000.

Among 12,670 females there were 162 cases of sickness discovered where the patient was disabled for work. This is equivalent to a rate of 12.8 per 1,000 registered. The sickness rate was again least for those under 15 years of age and greatest for the age period 55 years and over. These figures however when arranged according to sex and by age period for each sex are based upon too few cases to warrant any final conclusions on the sickness rate according to these categories in Chelsea neighborhood. Yet there is close enough correspondence between the statistical results, when thus arranged, and the material previously developed by the Metropolitan Life Insurance Company's other sickness surveys, to justify the conclusion that the sickness statistics of this survey are based upon trustworthy original data.

Diseases and Conditions Discovered in the Survey.

The cases of communicable disease, for instance, were tabulated in detail, showing the name, address, sex and age of patient and disease, and this information was given to the New York City Department of Health as an auxiliary check upon the reporting of communicable disease in Chelsea. The Health Department informed the Association that most of the cases of contagious diseases thus reported were known to the Health Department and that the diagnoses given by the families to the visiting agents were correct.

By far the greatest number of cases for any particular disease or condition were reported for rheumatism, of which there were recorded 51 cases. "Rheumatism" is very frequently a diagnosis of obscure conditions, simulating rheumatic

disease, on the part of the laity as well as of physicians. By this term is covered a multitude of ailments.

Accidents and injuries were next in importance with 39 cases, of which 16 were specified as fractures, 4 as injuries due to falling, and 19 as unspecified accidents and injuries. Pneumonia was registered in 16 cases, diseases of the stomach in 13 cases, diseases of the kidneys in 11 cases, and paralysis (unspecified cause), likewise, in 11 cases. The sequelae of infantile paralysis were recorded in 2 instances.

There were only 12 cases of pulmonary tuberculosis recorded, and 4 cases of other types of tuberculosis, but there were 4 cases of "lung trouble" of which 2 were of over a year's duration, 6 cases of bronchitis of which 2 were over two year's duration, 3 cases of pleurisy of which 1 was of a year's standing, a case of "run down," and some other similar designations of conditions which led one to suspect that they were probably pulmonary tuberculosis. Should allowance be made for these suspicious cases, and even if they were entered as tuberculosis, the total amount of the disease discovered in the survey was comparatively very small. This was probably due to the fact that many cases of the first and second stages were either unrecognized or if known to the family were not given to the agents. According to the records of the Health Department there were 285 new cases of tuberculosis reported in Chelsea for the first quarter of 1917. This gives a gauge of the prevalence of this disease in Chelsea. The health survey agents presumably reached only those cases of tuberculosis which were in the last stage of the disease and were totally unable to work or to conceal their malady.

The principal facts of these aspects of the health census are shown in the table on opposite page.

Character of Medical Service.

Out of the total cases of sickness registered, 255, or 71.6%, had medical attendance of one kind or another. In 166 cases, or 65.1% of the total having any kind of medical service, a private physician was employed; hospitals were caring for 56 cases, or 22.0% of the total showing medical service. Thirty-three cases out of the total showing attendance of a physician were being treated at dispensaries. This latter number constituted 12.9% of the total with any kind of medical attendance specified.

TABLE 1.

Number of Cases of Specified Diseases and Conditions. Total Sick Persons, Chelsea Neighborhood Census, New York City. Classified by Age Period.

DISEASE OR CONDITION	All Ages	Under 15	15 to 34	35 to 54	55 and Over
All diseases and conditions	356	61	83	123	89
Malaria	2	..	2	..	..
Measles	1	1	..	..	..
Scarlet fever	3	3	..	..	..
Diphtheria and croup	4	4	..	..	..
Influenza	7	..	4	3	..
Dysentery	1	1	..	..	..
Mumps	1	..	..	1	..
Septicemia	5	..	..	3	2
Tuberculosis of the lungs	12	..	6	6	..
Tuberculosis other than pulmonary type	4	1	2	1	..
Cancer—all forms	2	..	..	..	2
Tumor	1	..	..	1	..
Rheumatism	51	..	7	20	24
Diabetes	3	..	..	1	2
Anemia	2	2	..	..	..
Locomotor ataxia	1	..	..	1	..
"Spinal trouble"	4	..	3	1	..
Sequelae of "infantile paralysis"	2	2	..	..	..
Apoplexy	3	..	..	1	2
Paralysis—unspecified	11	*1	..	6	4
Insanity	4	..	3	1	..
Epilepsy	1	..	1	..	..
Neuritis	3	..	..	3	..
"Rundown"	1	..	..	..	1
"Nervousness"	6	1	1	4	..
Feebleminded	4	1	2	1	..
Blind	7	..	1	1	5
Other diseases of the eyes	3	2	..	..	1
Diseases of the ears	2	2	..	..	..
Heart diseases	9	2	4	2	1
Arterio-sclerosis	3	..	..	1	2
Varicose ulcers	3	..	..	1	2
Disease of lymphatic system	2	2	..	..	..
Hemorrhage	2	..	1	1	..
"Colds"	4	..	1	1	2
"Nose trouble"	2	1	1	..	..
Bronchitis	6	2	..	3	1
Pneumonia	16	5	3	6	2
Pleurisy	3	..	1	1	1
Asthma	7	1	..	3	3
"Lung trouble"	4	1	1	1	1
Tonsillitis	8	5	2	1	..
Tonsillar abscess	1	..	1	..	..
Diseases of stomach	13	3	4	3	3
Herniae	3	..	1	2	..
Gall stones	3	..	1	1	1
Diseases of liver	5	..	..	2	3
Diseases of kidneys	11	1	1	5	4
"Miscarriage"	1	..	1	..	..
Maternity cases	3	..	3	..	..
Diseases of the skin	5	1	2	1	1
Traumatism by fall	4	..	..	2	2
Fractures—cause unspecified	16	2	3	10	1
Other and unspecified accidents and injuries	19	3	5	9	2
Dropsy	3	..	..	2	1
Crippled, lame	8	2	3	2	1
"Sore leg"	3	1	..	..	2
"Operation"	3	1	1	1	..
Other and unspecified diseases	35	7	11	7	10

*Probably sequel of "infantile paralysis."

Hospital Care of Sickness in Chelsea.

As Chelsea has only two general hospitals within its boundaries, a goodly number of cases made use of these two institutions. Nineteen went to the New York Hospital and 4 to the French Hospital. The remainder went to the hospitals outside of the district. Bellevue Hospital accommodated 21 and presumably these were surgical cases and people acutely ill. Two chronic cases went to the hospital on Blackwell's Island. It is rather surprising that the hospitals in the near vicinity of Chelsea, such as the Polyclinic and St. Vincent's, received no more than 2 cases each, while 2 cases went to the Knickerbocker Hospital on 135th Street, 1 to Mount Sinai, 1 to Hudson Street Hospital and 1 to the Post-Graduate Hospital. Two cases of insanity were taken to the Manhattan State Hospital and 1 to Central Islip. St. Mary's Hospital for Children was availed of in only one instance. Two cases of tuberculosis went to Sea View Hospital, 1 to Seton Hospital and 1 to an unspecified sanatorium. Two cases went to Willard Parker Hospital for the treatment of contagious diseases.

The scattering of patients among the hospitals is probably a normal distribution of cases among institutions in a city like New York, where, with the stupendous hospital problem to be dealt with, there is no regulative machinery of any kind in existence.

The surprisingly small number of dispensary cases, namely, 33 in all out of a total of 255 seeking medical advice, is probably due to the nature of the survey which emphasized only cases of serious illness.

Duration of Cases of Sickness.

The agents who enumerated the sicknesses in this health census inquired also for the duration of sickness up to the date of enumeration. The 356 cases were distributed according to the duration of the sickness up to the date of the inquiry and the tabulated facts are shown in the table on opposite page.

Out of the total number of cases with duration of sickness specified, 30, or 9.0% were sick less than one week. Only 16.5% were sick for less than two weeks, and 42.0% for less than two months. The duration of illness of the majority of the cases discovered (54.9%) was over three months. There are evidently many chronic types of illness, particularly among the males, for while 41.6% of women were ill for a period longer

TABLE 2.

Duration of Sickness—Chelsea Health Census Cases—Total Sick Persons.

DURATION OF SICKNESS	TOTAL		MALES		FEMALES	
	Number	Per Cent*	Number	Per Cent.	Number	Per Cent.
All durations	356	100.0	186	100.0	170	100.0
1 day	2	.6	2	1.2	..	....
Over 1 day, under 1 week	28	8.4	12	7.0	16	9.9
1 week, under 2 weeks	25	7.5	11	6.4	14	8.7
2 weeks, under 3 weeks	23	6.9	8	4.7	15	9.3
3 weeks, under 1 month	30	9.0	16	9.3	14	8.7
1 month, under 2 months	32	9.6	17	9.9	15	9.3
2 months, under 3 months	10	3.0	5	2.9	5	3.1
3 months, under 6 months	37	11.1	22	12.8	15	9.3
6 months, under 1 year	33	9.9	18	10.5	15	9.3
1 year, under 3 years	48	14.4	25	14.5	23	14.3
3 years and over	65	19.5	36	20.9	29	18.0
Unspecified	23	....	14	....	9	....

*Duration of sickness specified.

than six months, 45.9% of men suffered from protracted maladies. Sixty-five cases, or 19.5% of the total with duration of illness specified were sick three years or more.

PREVENTION OF CHRONIC DISABLING SICKNESS.

Through the census 7 cases of blindness and 9 cases of heart disease were found. The Neighborhood Association had special visits made upon all these persons and each set of conditions was carefully investigated. Among the 7 cases of blindness, 5 were found to be already in touch with the New York Association for the Blind, one case was in need of aid and one case had evidently moved without leaving the new address and so could not be relocated. Of the 9 cardiac cases, 2 were under hospital care, 6 were in the care of private physicians and 1 had moved out of the city since the taking of the census. It is doubtful whether the 51 cases of "rheumatism" have ever received any instruction in personal hygiene or in dietetics. No data are at hand as to whether those discovered sick had made any provision for meeting the economic contingencies arising from sickness.

HOUSING.

In the health survey was included an item as to the number of rooms occupied by the families visited, with a view to discovering if there was any correlation between housing and

health. At the outset it was considered doubtful whether this inquiry would bear fruitful results, and the investigation entirely sustained these doubts. It was not possible to establish any correlation between sickness and housing. Much interesting information, however, as to the housing conditions in the district was obtained. It was found that 25.0% of the families lived in three-room apartments, 38.6% in four-room apartments and 14.7% in five-room apartments. In other words, close to 80% of the families lived in apartments having from 3 to 5 rooms. In examining the table, one may be surprised to see that there are such a large number of single persons living in apartments, consisting of 3, 4 and 5 rooms, but these are probably persons who were boarding with families occupying as many rooms. It is also possible that those classified in the first line of the table were in some cases the ordinary life insurance policy-holders of the Company, and these were of higher economic status.

The table shows that there is an appreciable amount of over-crowding in the district. For instance, there were 242 families with 4 persons each living in 3 rooms, 118 families of 5 living in 3 rooms, 60 families of 6 living in 3 rooms, 33 families of 7 living in 3 rooms and 9 cases of families of 8 living in 3 rooms. Similarly, there were 194 families of 6 living in 4 rooms, 90 families of 7 living in 4 rooms, 48 of 8 living in 4 rooms, 34 of 9 living in 4 rooms, and 11 of more than 10 living in 4 rooms.

The Tenement House Department also has supplied the Association with some interesting data relative to housing conditions in Chelsea. The neighborhood contains 3,210 tenements, 3,167 of which are "old law" houses. Of these, 273 are rear tenements, built behind houses fronting on the street. The Department reports that 63 tenements contain 462 dark rooms against which orders are pending. Yard toilets in the rear of tenements are found in 599 houses, the total number of fixtures being 1,920.

Chelsea Sewer System.

Since local health conditions are often seriously affected by sewer facilities, the Association has inquired into that subject, and the Bureau of Sewers of the City has supplied the facts relative to Chelsea's system. Since sewerage is a matter

TABLE 3.

Housing Statistics of Chelsea Neighborhood. Number and Percentage of Families of Specified Size Occupying Apartments of Indicated Number of Rooms.

NUMBER OF PERSONS IN FAMILY	ALL APARTMENTS		1 ROOM		2 ROOMS		3 ROOMS		4 ROOMS		5 ROOMS		6 ROOMS		7 ROOMS AND OVER		UNKNOWN	
	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
1.....	543	100.0	276	50.8	111	20.4	82	15.1	40	7.4	13	2.4	2	.4	..	...	19	3.5
2.....	1,347	100.0	56	4.2	134	9.9	540	40.1	443	32.9	93	6.9	33	2.4	11	.8	37	2.7
3.....	1,347	100.0	10	.7	45	3.3	410	30.4	591	43.9	201	14.9	43	3.2	11	.8	36	2.7
4.....	1,097	100.0	5	.5	20	1.8	242	22.1	537	49.0	192	17.5	48	4.4	21	1.9	32	2.9
5.....	706	100.0	...	...	13	1.8	118	16.7	322	45.6	167	23.7	50	7.1	16	2.3	20	2.8
6.....	425	100.0	...	...	2	.5	60	14.1	194	45.6	94	22.1	32	7.5	31	7.3	12	2.8
7.....	244	100.0	...	...	4	1.6	33	13.5	90	36.9	57	23.4	30	12.3	19	7.8	11	4.5
8.....	122	100.0	...	...	1	.8	9	7.4	48	39.3	35	28.7	15	12.3	12	9.8	2	1.6
9.....	110	100.0	...	...	...	...	2	1.8	34	30.9	18	16.4	45	40.9	8	7.3	3	2.7
10 and over	42	100.0	...	...	...	...	2	4.8	11	26.2	10	23.8	9	21.4	8	19.0	2	4.8
All families	5,983	100.0	347	5.8	330	5.5	1,498	25.0	2,310	38.6	880	14.7	307	5.1	137	2.3	174	2.9

which lies with the local improvement boards and steps for better facilities cannot be initiated by the City, this is almost entirely a neighborhood problem.

The Bureau of Sewers reports that the greater part of the original sewer system was built from 1840 to 1860, although many minor branches were built subsequently. Many of these older sewers are in very poor condition, due both to their age and to inferior materials in use at the time they were built. When the sewage reaches the waterfront it is carried in wooden barrels out to the end of a pier where it is discharged into the river without treatment of any kind. This practice has caused the accumulation of banks of sewage sludge along the waterfront and results in unsightly and perhaps unhealthful conditions at the sewer outlet. In certain locations the odors from this accumulation had been such as to cause serious complaints.

Days Lost by Wage-Earners Because of Sickness.

As in the other sickness surveys conducted by the Metropolitan Life Insurance Company among the wage-earning part of the population in representative American communities, approximately 1.5% of the population enumerated was found to be seriously sick. For the group of males aged 15 years or more the sickness rate involving disability for work was 17.6 per 1,000 registered. This leads to the conclusion for Chelsea neighborhood that between 5 and 6 days are lost each year by adult wage-earners on account of serious sickness. The period in previous surveys was somewhat longer.

Results.

Important results of the census cannot be expected within so short a time, yet a number of interesting developments growing out of the health survey are worthy of mention here.

The agents of the Metropolitan Life Insurance Company did much useful work in the survey, noting cases of extreme poverty, unemployment and need of fresh air relief as well as of sickness. When the census was completed, all such cases were referred to the Chelsea Neighborhood Association, which in cooperation with other Chelsea agencies tried to solve each family's distressing problems.

Cases of poverty were handled through the Charity Organization Society, Chelsea and Lowell branches; the Association for Improving the Condition of the Poor; the St. Vincent de Paul

Society and neighborhood churches. Unemployment cases were handled through the Neighborhood Association's own employment bureau and fresh-air relief cases through the Association's special fresh-air committee. Some of the children found ill and in need of special summer attention were referred to the Hudson Guild, a Chelsea neighborhood settlement, for intensive treatment during the hot months along the lines of nourishment, recreation and physical training.

Requests were received during the census, from organizations devoted to work with the blind, crippled and deaf, for any information relative to their field which the census may have brought to light, and similar data was sought by agencies interested in housing conditions. The Neighborhood Association in all cases made available to the several organizations the desired information. It is certain that as a result of this cooperative work Chelsea will reap many benefits.

Cases of sickness were referred to the City Health Department's several bureaus and wherever further attention was needed proper steps were taken.

The census revealed the need and special value of a neighborhood association as a center for a district's social and civic activities, especially along health lines. The practical results already achieved by the Neighborhood Association in Chelsea clearly indicate that other communities throughout the country may materially profit by organizing neighborhood associations and thus enable their citizens to participate in local movements for health and civic betterment.

Since the Neighborhood Association is more than likely to follow out in great measure the programme outlined below, the Chelsea neighborhood may be sure to gain much lasting and constructive good from its health census. Furthermore, it is confidently hoped that other municipalities will see the advantages of neighborhood association work in a programme of civic betterment.

Conclusions and Plans.

The health survey has afforded an approximate indication of the prevalence of illness in Chelsea. The census showed almost 15 cases of serious illness per 1,000 people, and on the assumption that this rate applies throughout the year, there are estimated to be over 2,700 cases of serious sickness in Chelsea district all the time. A minor part of the illness is

due to the acute contagious diseases, such as measles, scarlet fever and diphtheria. Much of it is due to degenerative diseases of the heart, blood vessels and kidneys, while some is due to tuberculosis and typhoid fever.

A great deal of sickness is unavoidable, but a good proportion can be prevented either directly by the exercise of proper care by individuals or indirectly by closer observance of definite rules of public hygiene. Efficient public health administration on the part of the City authorities is, of course, an indispensable community measure.

Through its Health Department the City is spending over $3,000,000 annually to protect the health of its citizens and is accomplishing appreciable results. It is, however, handicapped in reaching a still higher degree of efficiency by the lack of cooperation on the part of the average man and woman, who are careless in their habits of life and behavior toward others. Promiscuous spitting in street cars and unprotected sneezing and coughing are responsible for many cases of tuberculosis, pneumonia and other diseases of like nature, which are spread from man to man.

The neighborhood is the first link in general community action for better health. Among neighbors, health matters can and are being discussed more freely and intimately than among any other large group of people. The findings in the Chelsea health survey lead to the conclusion that an educational campaign should be begun among the neighbors to promote a better knowledge of health rules and to inculcate the principles of wholesome community living.

The Association proposes to enlarge its health committee so that it will include representatives from every important social agency in the district, from every hospital, dispensary and nursing organization working within the neighborhood boundaries. Through such an enlarged and representative committee it would seem possible to keep in touch with the existing agencies doing health work in the district and to give advice to neighbors on various matters of personal and collective interest. The Association will probably endeavor to raise funds to enable it to employ a qualified nurse who would be in constant touch with all the agencies of the district, who will act as the executive officer of the health committee and who will advise at all times with neighbors desiring instruction and guidance.

Thanks to the health census, the Association now possesses information about the district, which can be enlarged gradually, so that in time it will have a considerable grasp upon the living and working conditions of the people in Chelsea. The Association's members aim to be in direct neighborly relations with all whom they know personally. The Association will also endeavor to keep in constant touch with the Health Department by assisting medical inspectors, nurses and other agents of the Department in their numerous activities and by keeping them informed of local health conditions. Infractions of the sanitary code, which the neighbors may report to the Association, and which the Association may be unable to rectify itself promptly by neighborly persuasion, will be reported to the Department of Health.

The Association will keep in touch with the Street Cleaning Department to see that its work is done thoroughly and expeditiously and will help that Department as well as the neighborhood by calling the attention of the neighbors to the value of a clean neighborhood, free from litter, rubbish, dirt and garbage, in which flies and disease germs thrive abundantly. Similarly, the Association plans to cooperate with the Tenement House Department, and to report to the Commissioner all cases of neglect by inspectors and will also keep that Department informed of menaces to life and health which come to its attention. In this connection it will be well to remind the neighbors constantly that dark rooms, overcrowding and stagnant air are powerful allies of tuberculosis and other diseases. The Association will endeavor to work with the Police Department in curbing immorality and crime in the district, and will continually impress upon Chelsea's people the dire individual and social effects of venereal diseases, alcohol, and habit-forming drugs, such as morphine, cocain and heroin. The Association will take steps to improve the neighborhood's sewerage system.

Working with the various public health, civic and philanthropic agencies of the district, as well as with those of the city, the Association hopes to be able to advise the neighbors authoritatively and accurately as to where to secure the best advice whenever they or their families develop sickness or meet with any difficulties. Many neighbors, who were reached through the health census, require hospital or convalescent care. They are being put in touch with the proper agencies.

Many Chelsea children need attention to assure proper nourishment and some the opportunity to spend the summer in the open air outside the city. The Neighborhood Association is addressing itself to these needs.

Some children of the district are feeble-minded and should not be allowed to be misused by other children and by inconsiderate adults. They should be placed in institutions established by the City or State for this purpose.

Many of the sick, who were visited in the district, could derive more benefit from instruction as to diet and the rudiments of health than from medication. The Association will endeavor to persuade the dispensaries in the neighborhood to print circulars of instruction and to distribute them to sick neighbors who apply for medical advice, the circulars to deal with proper dietetics for the sick as well as for the well. Steps will also be taken to disseminate information as to the value of various foods and as to the economics of food consumption, a matter of primary importance in the present national crisis.

Mothers of sick babies, who cannot afford the services of private physicians, will be urged to bring their children to the baby welfare stations maintained by the Department of Health. Measures will be provided to help the blind, the deaf and the crippled of the neighborhood to obtain vocational education and secure adequate employment.

The health census revealed many conditions calling for relief. By a programme such as above outlined, the Association hopes to improve conditions considerably.

It is hoped that the findings of this survey and the remedial measures proposed by the Chelsea Neighborhood Association will serve as an indication to other communities throughout the country of what can be accomplished through neighborly interest and activity. The Metropolitan Life Insurance Company has cooperated in this work and has made the results available with this end in view. The experiment can be repeated generally and profitably by other cities and by wards within the cities. An increase in our intensive knowledge of local health and social conditions will result, and higher community health standards will inevitably follow such a programme.